

## CLIPPERS WINTER SWIM TEAM 2011-2012

SWIMMERS NAME		AGE SEX
ADDRESS	TOWN	ZIP
DATE OF BIRTH	TEL #	
PARENT/GUARDIANS NAME		
EMAIL ADDRESS		
Have you ever been on the clippers team before? Yes	No	For office use only Received □Office □ Pool □Mail □ other
Registration fee		Receipt □Office □Pool □ Other
\$185.00 per swimmer with a pool membership \$200.00 per resident swimmer without a membership \$225.00 per nonresident without a membership \$260.00 per family limit with a membership		Initial Entered into system by
Please note swimmers age as of November 1, 2011 design	ates his or he	er age group
Please note there are no refunds after December 1, 2011		
The season will begin on Monday November 7		
The Regular Practice Schedule is as follows:  10 & UnderMonday & Wednesdays 6:00-7:30pm and 11 & OverTuesday & Thursdays 6:00-7:30pm and S	•	•
By my signature, i hereby release the town of Dedham, Pa injury while participating in this pr0gram	rks & Recrea	ation department from any liability regarding
Parent /guardians signature		
Date		

Dedham Parks & Recreation Phone 781-751-9250 Register online at www.dedham-ma.gov\online